



7-22-04

PATENT
450117-04592

IFW
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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: : Markus KAMM et al.
U.S. Serial No. : 10/618,130
Title of Invention : IMAGING DEVICE
Filed : July 11, 2003
Examiner : William C. Dowling
Art Unit : 2851

745 Fifth Avenue
New York, NY 10151

EXPRESS MAIL

Mailing Label Number: EV468997934US

Date of Deposit: July 21, 2004

I hereby certify that this paper or fee is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" Service under 37 CFR 1.10 on the date indicated above and is addressed to: **Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.**

Saddam Ahmed
(Typed or printed name of person mailing paper or fee)

[Signature]
(Signature of person mailing paper or fee)

AMENDMENT

**Mail Stop AMENDMENT
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450**

Sir:

In response to the Office Action of April 20, 2004, please amend the above-identified application as follows:



PATENT
450117-04592

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Commissioner for Patents
P.O. Box 1450, Alexandria, VA 22313-1450

745 Fifth Avenue
New York, NY 10151

Sir: Transmitted herewith is an amendment in the above-identified application.

- ☐ No additional fee is required.
☒ The fee has been calculated as shown below.
☐ This is an application of a small entity under 37 CFR 1.9(f), and the amounts shown in parentheses apply.

Claims as Amended

(1)	(2) Claims remaining after amendment	(3)	(4) Highest number previously paid for	(5) Present extra	(6) Rate	(7) Additional fee
Total claims	17	Minus	= 20	0 x	\$18(9)	= \$00.00
Independent claims	1	Minus	= 3	0 x	\$86(43)	= \$ 00.00
				Total additional fee for this amendment		\$ 00.00

- * If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.
** If the highest number of total claims previously paid for is less than 20, write "20" in this space.
*** If the highest number of independent claims previously paid for is less than 3, write "3" in this space.
— This application contains a multiple dependent claim. The required fee of \$280 (\$140) has been previously paid __, or is paid herewith __.

☒ This response is being filed within the first month following the expiration of the term originally set therefor. This is a petition to request a one-month extension of time. A check covering the cost of the petition is enclosed.

☒ A check in the amount of \$110.00 is attached, which covers the cost of ☐ additional claims ☒ petition for extension of time.

— Charge \$__ to Deposit Account No. 50-0320.

☒ Please charge any additional fees incurred by reason of this response or credit any overpayment to Deposit Account No. 50-0320.

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Saddam Ahmed
(Typed or printed name of person mailing paper or fee)

S. Ahmed
(Signature of person mailing paper or fee)

FROMMER LAWRENCE & HAUG LLP
Attorneys for Applicant(s)

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